MASTER OF PUBLIC HEALTH

Johns Hopkins Bloomberg School of Public Health & IIHMR University

PRACTICUM REPORT

By

Siddharth Srivastava

Cohort – 7

2019 – 2021

Under the Guidance of:

Dr. Seema Mehta

Associate Professor, IIHMR University, Jaipur, India

Dr. Devaki Nambiar

Program Head, Health Systems & Equity, The George Institute for Global Health, India

CERTIFICATE FROM FACULTY ADVISOR

TO WHOMSOEVER IT MAY CONCERN

This is to certify that ***Siddharth Srivastava***, student of the Master of Public Health Program offered by the Indian Institute of Health Management Research (IIHMR) University, Jaipur in collaboration with the Johns Hopkins Bloomberg School of Public Health, Baltimore has undergone Practicum Training at **The George Institute for Global Health (TGI) India from October 26th, 2020 – December 25th 2020**

The Candidate has successfully carried out the work designed to him during the practicum training and his approach to the work has been sincere, scientific and analytical.

The Practicum Training is in fulfillment of the course requirements

I wish him success in all his future endeavors

Sd-

Dr. Seema Mehta

Associate Professor, IIHMR University

CERTIFICATE BY SCHOLAR

This is to certify that the Practicum report submitted by me, *Siddharth Srivastava*, enrollment number IIHMR-U/07/2019-2021/0044 and Hopkins ID: 37F968

under the supervision of Dr. Devaki Nambiar and Dr. Seema Mehta for the award of Master of Public Health carried out during the period between October 26th – December 25th, 2020 embodies my original work and has not formed the basis for the award of any degree, diploma, associateship, fellowship, titles in this or any other Institute or other similar institution of higher learning

Siddharth Srivastava

MPH Cohort 7

2019 – 2021

CERTIFICATE FROM THE ORGANIZATION

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5th March 2021

To Whom It May Concern:

This is to certify that **Siddharth Srivastava**, student in the Master of Public Health program offered by the Johns Hopkins Bloomberg School of Public Health in cooperation with IIHMR University, Jaipur has successfully completed his practicum training at The George Institute for Global Health, India from October 26th to December 25th.

During his time with us, Siddharth was involved with two projects: he anchored a landscaping analysis of conceptual frameworks, research topics and stakeholders as part of TGI's Healthier Societies (HS) team, with additional guidance from Prof. Kent Buse, Director of the Healthier Societies Strategy at the George Institute for Global Health. He also assisted with our institute's contributions to the India Health Policy and Systems Research Fellowship (HPSRF) Program in consortium with Institute of Public Health (IPH), Bangalore, The University of Melbourne, Institute of Tropical Medicine, Antwerp, The Health Systems Transformation Platform and The WHO Alliance for Health Policy and Systems Research.

During this time, I found Siddharth to be diligent, highly responsive and motivated as well as a good communicator. A lot of what we were doing was to be done remotely and without much guidance and Siddharth took this in stride, taking feedback very constructively and remaining committed to excellence. Under my supervision, he has successfully fulfilled the tasks designated to him during the practicum and is in fulfilment of the course requirements toward the MPH Program. It was a pleasure having him with us during this short period and we are looking forward to working with him in the future!

We wish him the very best in his future endeavors. We have no doubt he has a bright career ahead of him as a practitioner in the fields of public health and social development.

Please feel free to contact me (dnambiar@georgeinstitute.org.in) for further information or clarification.

Sincerely,

Devaki Nambiar, PhD
Program Head - Health Systems and Equity, George Institute for Global Health | India
Bernard Lown Scholar in Cardiovascular Health, Harvard TH Chan School of Public Health | USA
Wellcome Trust/DBT India Alliance Intermediate Investigator (2018-2022) | India
Senior Lecturer, Faculty of Medicine, University of New South Wales (UNSW,) Sydney | Australia
Professor, Prasanna School of Public Health, Manipal Academy of Higher Education | India

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About the Organization

The George Institute (TGI) is a leading independent medical research institute established in India in 2007. TGI is part of a global network of affiliate institutions in Australia, China, and the United Kingdom (UK) with a mission to improve the health of millions of people in India through the generation of high-quality evidence using discovery and implementation research. TGI's engagements emphasize the use of innovative approaches to prevent and treat the common causes of premature death and disability and promoting all-round equity in health.

Key Research Priorities

Over the next six years in a major new phase in the evolution of the Institute, there has been an acute focus on impact – specifically, the impact of TGI's project engagements and activities on marginalized communities living in disadvantaged circumstances in both rich and poor countries alike. There are three main research priorities of the institute, rooted in the principles of:

1. **Better treatments**: TGI conducts large-scale epidemiological studies and clinical trials, often across multiple countries, developing new medicine and technology solutions to prevent and treat common chronic and critical conditions with a global perspective.

2. **Better Care**: TGI is partnering with governments, providers and communities to assess how health systems can be strengthened, and how essential, quality health care can be made more affordable and accessible, with the ultimate goal of improving health and health care for all. This component aligns with the commitments made at the 2019 United Nations High Level Meeting on Universal Health Coverage and the Sustainable Development Goals (SDGs)

3. **Healthier Societies**: TGI is harnessing the power of governments, markets and communities to improve health and create healthier societies. The institute focusses on policy and interventions that can have the greatest impact on health outcomes at a population level and address the broader determinants of health such as the food supply, transport, built environment, gender, and socioeconomic determinants of health.

Practicum Objectives

As part of the practicum, undertaken, I was involved with **two projects** *viz a viz* 1) Conducting a preliminary landscaping analysis of conceptual frameworks, research topics, outcomes, as well as stakeholders (in research, civil society, and funding domains) within the sphere of 'healthier societies' in a systematic manner and 2) Assisting in the development of a cross-institutional Health Policy and Systems Research Fellowship for mid-career researchers across India. The practicum training was undertaken, primarily, to fulfil the objectives outlined in the course entitled 'The Tools of Public Health Practice' - 300.615.81. The objectives were:

1. **To build Analytics/Assessment Skills**

- By understanding the importance of data in shaping public health issues

2. **To build upon and enhance communication skills**

- By formulating communication plans through input from stakeholders
- Utilizing learned skills to communicate public health research effectively with a variety of stakeholders

3. **Fostering cultural competency**

- Interacting with professionals from diverse disciplines within public health

4. **Understanding community dimensions of practice**

- Fostering connections and collaborating with key stakeholders for health promotion

Project engagement(s)

A. Scoping Review - Healthier societies

A.1 - Background

The World Health Organization's (WHO) "triple billion" targets aim to ensure one billion more people benefit from Universal Health Coverage (UHC); one billion more people are better protected from health emergencies; and one billion more people are enjoying better health. That the "Third Billion" are enjoying better health is a critical objective for WHO's current strategy. This effort by the WHO reflects a revived interest in Healthier Societies, which has also manifested in other recent initiatives including a meeting convened by Government of Sweden, WHO, and the Wellcome Trust on Healthy Societies for Healthy Populations at Wilton Park in the UK in early 2020 and the Global Healthier Societies program at the George Institute for Global Health. The genesis of the Healthy Societies platform emerged from a meeting of a diverse and global group of health and development practitioners in London in 2017. The brainstorming was grounded in a shared belief that societies needed to place a greater emphasis to health and well-being, and a concern that the global health system is not, at present, effectively addressing the causes and the 'causes of the causes' of disease and health inequity.

While recognizing that ensuring the right of all people to access health services is essential, as is the management of public health emergencies, approaches to address the structural, social and commercial determinants of the major emerging burdens of disease remain sorely neglected - to the detriment of people's health everywhere. A need for a fundamental shift in public health was deliberated upon in the pursuit of achieving health-related Sustainable Development Goal (SDG) targets. The panel called for a pivot to prevention – where society places greater attention on prevention, where people are placed over profits, and where all-of-society efforts and built environments promote and protect health--including through rights-

based and gender-transformative approaches. To catalyze this pivot, the concept of the Healthy Societies platform was conceptualized with an overarching goal to advocate for healthier, more equitable societies that uphold the human rights and gender equality of all people and rely on more sustainable means – thus protecting both people and planet.

Despite this framework and initiatives in the years following, there remains little clarity or agreement on the meaning of the term 'healthier societies', its conceptual terrain and fields of enquiry. Since it remains under-studied and under-theorized, efforts to develop and implement better health policies as well as improve population health are limited. This project involved conducting a preliminary mapping of research in this field that could aid in assessing and guiding the potential and further development of the concept, with the ultimate goal of developing and implementing better health policies to ultimately improve population health and equity.

A2 - Aim

To conduct a scoping exercise of conceptual frameworks, research topics, outcomes and stakeholders in research, civil society, and funding domains within the context of healthier societies

A3 - Methodology

A 3.1 - Defining the Scope

Initial discussions around the concept of Healthier societies and the body of work elaborating it were held between senior authors Kent Buse and Devaki Nambiar through an extensive, consultative process. Based on these deliberations, the initial scope of the review was decided to focus on the identification of frameworks, approaches, stakeholders and research gaps and opportunities pertaining to the domain of healthier societies. From this starting point, a scoping

of initial documents and analysis to further refine the research question, with inputs and guidance from senior authors Dr. Kent Buse and Dr. Devaki Nambiar was undertaken.

A narrative review of select English language literature pertaining to political declarations, commission reports, peer-reviewed papers as evidence synthesis reports were undertaken to illuminate, and further develop the concept of healthy/healthier societies/populations (i.e. societal efforts to prevent disease and improve the wellbeing of people and planet) with a view of mapping its contours and content (topics, conceptual, theoretical and/or analytical approaches), the principles and values advocated and the agendas for action and research that they advocated for, and the actors (research groups and their funding sources) therein

A 3.2 - Sourcing of relevant materials

Sourcing of relevant materials was carried out, drawing from the approach taken by two review papers (Maani et al., 2020) and (van Olmen et al., 2012), references of which were included in a data extraction template in Microsoft Excel. *n= 4* references in van Olmen et al., 2012 and *n=33* in Maani et al., 2020 that related to healthier societies. Google Scholar searches were also carried out utilizing Boolean search combining keywords such as ‘Healthier Societies’ AND ‘frameworks’, ‘Health systems + ‘frameworks’ from which, *n=12* resources related to healthier societies. (Table 1)

Primary Keyword	Boolean expression	Secondary keyword	Database
Healthier societies	AND (+)	Framework	Google Scholar
Health Systems	AND (+)	Framework	Google Scholar
Health	AND (+)	Societies	Google Scholar
Healthier societies	AND (+)	Approach	Google Scholar

Table 1: Keywords used to conduct document mapping in google scholar

Additional, documents were suggested by authors Dr. Kent Buse (KB) and Dr. Devaki Nambiar (DN) (N_{KB}=7; N_{DN}=4 respectively). In addition to the 50 documents related to healthier societies and an additional 15 documents linking societal issues to health care systems were identified and mapped onto the template. A total of *N=76* frameworks were identified which consisted of Healthier Societies Documents *(N=50)* and Health systems Documents *(N=15)*

A 3.3 - Data management

All identified papers were mapped and hyperlinked onto an excel sheet. Initial variables of interest pertained to basic document details (how documents were sourced, date of publishing, authors, affiliations, type of document, funder) as well as analytical information (i.e., related to aim, broad topics, policy approaches, key take-aways or recommendations, and research agenda advocated). After extended discussions with senior authors KB and DN pertaining to the scope of the work, it was decided to maintain focus on the healthier societies documents and exclude documents pertaining to the thematic area of health systems. Additional documents relating to the thematic areas of Gross National Happiness index, Human Security etc. were suggested and attention was drawn to emphasize new analytical variables pertaining

to power, values and principles across the mapped documents. A shared reference library on was additionally maintained on a reference management software (Zotero).

A 3.4 - Extraction

In conjunction with inputs, code-checking and discussions with senior authors KB and DN, data extraction from the mapped documents was undertaken.

Various threads of analysis were pursued. Initially, consideration was given to broad periodization of the frameworks. Subsequently, in the following discussions it was decided to free list the analytical variables of:

a) Themes
b) Policy Levers
c) Key Takeaways
d) Research Agenda(s)
e) Values
f) Principles
g) Power

The stakeholders implicated across research, civil society, and funding domains were correspondingly identified across the variable extractions of a) Funders, b) Policy Levers, c) Research Agenda(s) and d) Power

Basic Variables									Analytical Variables						
Framework	Type	Source	Date	Aim	Author	Designation	Approach	Funds	Theme	Policy levers	Key Takeaways	Research Agenda	Values	Principles	Power

Table 2: Proposed structure for extractions across basic and analytical variables

Box 1: Variable Definitions

- **Framework:** Referred to a particular paper
- **Type:** Classified under the thematic area(s) of either healthier society or health systems
- **Source**: From where the paper was mapped onto the sample
- **Date**: The Year in which the article was published
- **Aim**: As framed by authors - what the document/initiative intends to do
- **Authors**: The authors of the framework/paper
- **Designation**: Author designation
- **Approach**: Short form of what kind of process this document represents - conference declaration, commission report, research/systematic review
- **Funds**: Entity/institution or stakeholder(s) that has funded the work/donor
- **Theme**: As framed by the authors - what are the main things the document is conveying - 1) where there were section headings these were seen as themes, 2) also keywords (in abstracts); 2) what emerged in reading - 3) from the title, 4) where a framework has been defined/specified
- **Policy Levers**: word search for "policy" or "agenda" or "planning" - refers to what government has used to implement something, includes policy decisions (often upstream, or outside the health sector) and related stakeholders
- **Key Takeaways**: Text under headings like "recommendations or key insights;" also, examples or case studies that offer more lessons
- **Research Agenda**: word search for "research" or "researchers" or "academia" - there usually is a section dedicated to this - defined by actors/stakeholders or by knowledge gaps
- **Values**: Refers to how the authors approach or view an issue and what is important
- **Principles***:* Refers to how to act on/address an issue or what we can/should do
- **Power:** word search for "power" or "empowerment", also historical references to stakeholders and processes - Usually towards the end, key stakeholders and agents in the document and relations between them or the agency that they have

Framework(s)	Framework Type	How Sourced?	Date	Overarching aim(s)	Authors	Author Affiliations	Approach/Process followed	Funded by	Broad topics/ thematic area(s)	Policy Levers/ Stakeholders implicated
			Date PUBLISHED	*As framed by authors - what the document/initiative intends to do*			*Short form of what kind of process this document represents - conference declaration, commission report, research/systematic review*	*Entity or institution that has funded the work/donor*	*As framed by the authors - what are the main things the document is conveying - 1) where there were section headings these were seen as themes, 2) also keywords (in abstracts); 2) what emerged in reading - 3) from the title. 4) where a framework has been defined/specified*	*word search for "policy" or "agenda" or "planning" - refers to what government has used to implement something, includes policy decisions (often upstream, or outside the health sector)*
A new perspective on the health of Canadians	Health Systems	Maani et. al	1975	To unfold a new perspective on the health of Canadians and stimulate interest and discussion on future health programs for Canada. [Pg - 7]	Marc Lalonde	Minister of National Health and welfare, Government of Canada	Working document	Government of Canada	Human Biology Environmental and lifestyle determinants of health Health Field Concept Mental health	Accordingly, it is the intention of the Government of Canada, first, to maintain at a high level the services and support provided through its present activities in health protection, research and the financing of personal health care. To these will be added measures directed at specific national health problems, chosen in consultation with provinces, consumers, professions and associations according to their gravity and incidence, and aimed at removing or reducing the factors underlying sickness and death. Some of these measures in time will no doubtbe directedat environmental factors, others will be directed at lifestyle risks, still others will expand the horizons of health research, and yet others will encourage more personal care services to neglected parts of the Canadian population. [Pg -65]
Alma Ata Declaration	Healthier Societies	Suggested by co-author (KB)	1978	1. Promoting PHC for all countries 2. Development of PHC within the framework of national health systems and services 3. Evaluating current health situation and scope for its improvement via PHC 4. Defining PHC principles and operational means of overcoming problems in developing PHC 5. Defining the role of governents, national and international organizations in supporting PHC development 6. Formulation of recommendations for developing PHC	WHO & UNICEF	Roehampton, Whitelands, UK	Declaration as part of the International conference on primary health care	World Health Organization and the United Nations Children's Fund	Primary Healthcare Universal Healthcare Acces Health Equity Participation Social determinants of health Intersectoral Action	Governents especially at the local and state level Role of the state in providing adequate health and social measures.
Good Health at Low cost	Healthier Societies	Van Olmen et. al.	1985	Exploring the question why some poor countries were being able to achieve better health outcomes than others at similar levels of income.	Halstead S, Walsh J, Warren K.	Rockefeller Foundation	Published as a compendium of papers and thematic analyses	Rockefeller Foundation	Health as a Social Goal: Legislation, Government Expenditure on Health, Historical and cultural influences Social Welfare orientation: Preventive orientation, Social Determinants of Health, Educational Programs, Land reform Political process participation: Extent of decentralization Equity oriented services: Community Involvement, Urban - rural coverage, Income asset distribution Intersectional health linkages: Mechanisms and incentives to ensure linkages, social determinants of health	Capacity: Individuals, Institutions Continuity: Beaurcracy Context:
Ottawa Charter for Health Promotion	Healthier Societies	Van Olmen et. al.	1986	Health Promotion and equity Responding to the growing expectations for a new public health movement around the world. Building on the progress made through the Declaration on Primary Health Care at Alma-Ata and the WHO's Targets for the Health for All document	WHO	WHO	WHO Declaration	WHO	Building Healthier public policy Creating supportive environemnts Strengthening community action Developing personal skills Reorienting health services	The Conference called on the World Health Organization, governents and other international organizations to advocate the promotion of health in all appropriate forums and to support countries in setting up strategies and programmes for health promotion.

Key Takeaways/Recommendations	Research agenda advocated	Values	Principles	Power	Related	Comments
Text under headings like "recommendations or key insights;" also, examples or case studies that offer more lessons	*word search for "research" or "researchers" or "academia" - there usually is a section dedicated to this - defined by actors or by knowledge gaps*	*Refers to how we think or approach or view an issue or what is important*	*Refers to how we will act on/address an issue or what we can/should do*	*word search for "power" or "empowerment", also historical references to stakeholders and processes - Usually towards the end, key stakeholders and agents in the document and relations between them or the agency that they have*	*Reference to other documents that are critically linked to or part of the document being reviewed*	*Extractor/Researcher reflections based on the document*
Government of Canada, in cooperation with others, will pursue two broad objectives: 1. To reduce mental and physical health hazards for those parts of the Canadian population whose risks are high, and 2. To improve the accessibility of good mental and physical health care for those whose present access is unsatisfactory. Improvement in the environment and an abatement in the level of risks imposed upon themselves by individuals, taken together, constitute the most promising ways by which further advances can be made. [Pg -66]	Burden of research - traditional one of adding to the store of knowledge of basic human biology; much research is needed to determine and measure the effects of various environmental hazards to both mental and physical health; research is needed to identify the links between the living habits, or lifestyle, of individuals, and the levels of both mental and physical health. fourth, more clinical research is needed to convert knowledge of human biology into application at the point where personal health care is provided; studies are requiredtoimprove the cost,accessibilityandeffectiveness of the health care system; studies are needed to find out how Canadians can be influenced to take more individual responsibility forthe health of theirminds and bodies, and for reducing the risks which they impose on themselves by neglecting important lifestyle health factors. [Pg - 55, 56]	Good health is the bedrock on which social progress is built. A nation of healthy people can do those things that make life worthwhile, and as the level of health increases so does the potential for happiness. [Pg - 5]	The Governments of the Provinces and of Canada have long recognized that good physical and mental health are necessary for the quality of life to which everyone aspires. Accordingly they have developed a health care system which, though short of perfection, is the equal of any in the world. Included in the system has been a program of pre-paid health services which substantially removes financial barriers to medical and hospital care. Coupled with health insurance have been programs for building hospitals and for training more physicians and other health professionals [Pg - 5]	since the Provinces were assigned jurisdiction over generally all matters of a merely local or private nature in the province", it is probable that this power was deemed to cover health care, while Provincial generally all matters of a merely local or private nature in the province", it is probable that this power was deemed to cover health care, while Provincial power over "municipal institutions" provided a convenient means for dealing with such matters. [Pg -43]	NA	*This working document on the perspectives on the health of Canadians, provides new strategies for the future.*
Health for All agenda defined an obligation for every nation — including developing countries — to provide health services for their whole population. Incorporating the concept of primary health care in their health systems. Priority allocation of budgetary resources to primary health care, better distribution and use of existing resources, and the improvement of managerial processes and capabilities at all levels for planning, implementing, budgeting, monitoring, supervising, and evaluating, supported by a relevant information system. Dedicated section summarising discussions from the conference [Pg. 16 - 32]	Research with full involvement of populations in support of primary health care, especially health services research and the systematic application of knowledge in innovative ways, should be carried out to ensure that primary health care is included and progressively improved as an integral part, and main focus, of the comprehensive national health system. Development of indicators for planning, implementation, and evaluation of primary health care, including indicators for community participation and self-care, should be pursued. [Pg. 19] RECOMMENDS that every national programme should set aside a percentage of its funds for continuing health services research; organize health services research and development units and field areas that operate in parallel with the general implementation proces; encourage evaluation and feedback for early identification' of problems; give responsibility to educational and research institutions and thus bring them into close collaboration with the health system; encourage the involvement of field workers and community members; and undertake a sustained effort to train research workers in order to promote national self-reliance. [Pg. 29 - 30] Calls for building research capacities to improve knowledge which can actually be applied in the programme, or to ensure the application of the programme in various social and cultural contexts [Pg. 76] Calls for a need for participatory research, increased investements in research, etc.	"Primary Healthcare addresses the main health problems in the community, providing promotive, preventive, curative and rehabilitative services accordingly. Since these services reflect and evolve from the economic conditions and social values of the country and its communities, they will vary by country and community but will include at least: "Promotion of proper nutrition and adequate supply of safe water; basic sanitation; maternal and child care, including family planning, immunization against infectious diseases, maternal and child care, disease prevention, education, disease and injury treatment"" Pg34	"The conference considered primary health case to be an essential care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and country can afford to maintain at every stage of their development in the spirit of self-reliance and self-determinantion" Pg.16			
Recommendations for programme development: 1) Equitable distribution and access to public health and health care beginning at the primary level and reinforced by secondary and tertiary systems. 2) A uniformly accessible educational system emphasizing the primary level and then moving to secondary and above. 3) Assurance of adequate nutrition at all levels of society. [Pg - 248]	Good health at low cost (GHLC), identified China, Costa Rica, Kerala State in India and Sri Lanka as such countries and sought to identify factors underpinning their relative success. 'Good health at low cost' was used as a catchy way of referring to success in improving health with relatively limited economic resources. Its key contribution was to highlight the social determinants of health, then far from the dominant paradigm. By highlighting the existence of multiple causes of ill health interacting in many complex ways, it was able to show how social, economic and health policies contributed to improvements in health status. For the first time, it brought together a corpus of empirical evidence to support what had previously been mainly theoretical arguments to show how many low-income countries had achieved vast improvements in a number of measures of health, often reaching levels comparable to those seen in developed countries, even though they had experienced only modest growth in income. *(Pg -3 /Good health at low cost - 25 years on)*	GLHC was the focal point of the health care system and a platform to address other social issues, such as participation and empowerment. Policies were underpinned by a commitment to equity both within the health system and beyond. This was seen as ensuring that provision of services was tailored to the needs of the most vulnerable groups in the population, whose status was, simultaneously, being advanced by enhanced engagement and political participation, especially by women. (Pg -3 /Good health at low cost - 25 years on)	Political and historical commitment to health as a social goal • Strong societal values of equity, political participation and community involvement in health • High-level investment in primary health care and other communitybased services • Widespread education, especially of women • Intersectoral linkages for health. *(Pg -3 /Good health at low cost - 25 years on)*	Education of women- Education is an important concept, that not only provides improved health, but provides improved quality of life. It allows people to be open to the commerce of other minds and to become truly global citizens. (Pg -230) The four programs studied are all remarkable examples of people exerting control over their own health and destiny. The healthiest society may be those that collectively convey a cause and effect philosophy expressed through a feeling of responsibility of others. As with individuals, societies may well reach a point of self-determination and concern or responsibility towards each other, which is hard to reverse. It may be hard to eliminate this concept even under adversity. The unifying social concept is that the measure of civilization is how we treat each other. The concept of reciprocity may be important social goal to pursue in	Cost - 25 years on: What makes a successful health system? (McKee, Mills & Balabanova 2011) http://nhsrcindia.org/sites/default/files/Good%20Health%20at%20Low%20Cost%20Powerful%20Nation%20Study.pdf; https://linkinghub.elsevier.com/retrieve/pii/	Page numbers given for the domains, such as Research agenda, Values and Principles are from the related document, not the original one - Good health at low cost - 25 years on What makes a successful health system?
Call for health in all policies and intersectoral coordination	Call for research to support the reorientation of health service: The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services. Health services need to embrace an expanded mandate which is sensitive and respects cultural needs. This mandate should support the needs of individuals and communities for a healthier life, and open channels between the health sector and broader social, political, economic and physical environmental components. Reorienting health services also requires stronger attention to health research as well as changes in professional education and training. This must lead to a change of attitude and organization of health services, which refocuses on the total needs of the individual as a whole person. [Pg. 3 - 4] To reorient health services and their resources towards the promotion of health; and to share power with other sectors, other disciplines and most importantly with	Advocate:Good health is a major resource for social, economic and personal development and an important dimension of quality of life. Political, economic, social, cultural, environmental, behavioural and biological factors can all favour health or be harmful to it. Health promotion action aims at making these conditions favourable through advocacy for health. Enable: Health promotion focuses on achieving equity in health. Health promotion action aims at reducing differences in current health status and ensuring equal opportunities and resources to enable all people to achieve their fullest health potential. This includes a secure foundation in a supportive environment, access to information, life skills and opportunities for making healthy choices. People cannot achieve their fullest health potential unless they are able to take control of those things which	"The overall guiding principle for the world, nations, regions and communities alike is the need to encourage reciprocal maintenance - to take care of each other, our communities and our natural environment" Pg. 2 "Caring, holism and ecology are essential issues in developing strategies for health promotion. Therefore, those involved should take as a guiding principle that, in each phase of planning, implementation and evaluation of health promotion activities,	No Explicit mention/dedicated section but In the commitment to health promotion section, participants of the conference pledged to share power with other sectors, other disciplines and with the people themselves., Also touches upon social investment and addressing overall ecological issues of living Pg4		Took a comprehensive view of health determinants, referring to them as pre-requisites for health. It defined the fundamental prerequisites for health as peace, shelter, education, food, income, a stable eco-system, sustainable resources, social justice and equity. It also recognized that access to these prerequisites cannot be ensured by the health sector alone. Rather, coordinated action is required among all

Fig 1: Snapshot of the data management of extraction variables mapped onto an excel sheet

A 3.5 - Visualization of frameworks

One of the approaches to analysis was to extract frameworks and visualize them (in the manner of van Olmen et al., 2012) to attempt to ascertain if frameworks evolved organically over time in any particular way. Given the sequestering of frameworks in certain periods, for example, around the time of the Commission on Social Determinants of Health.

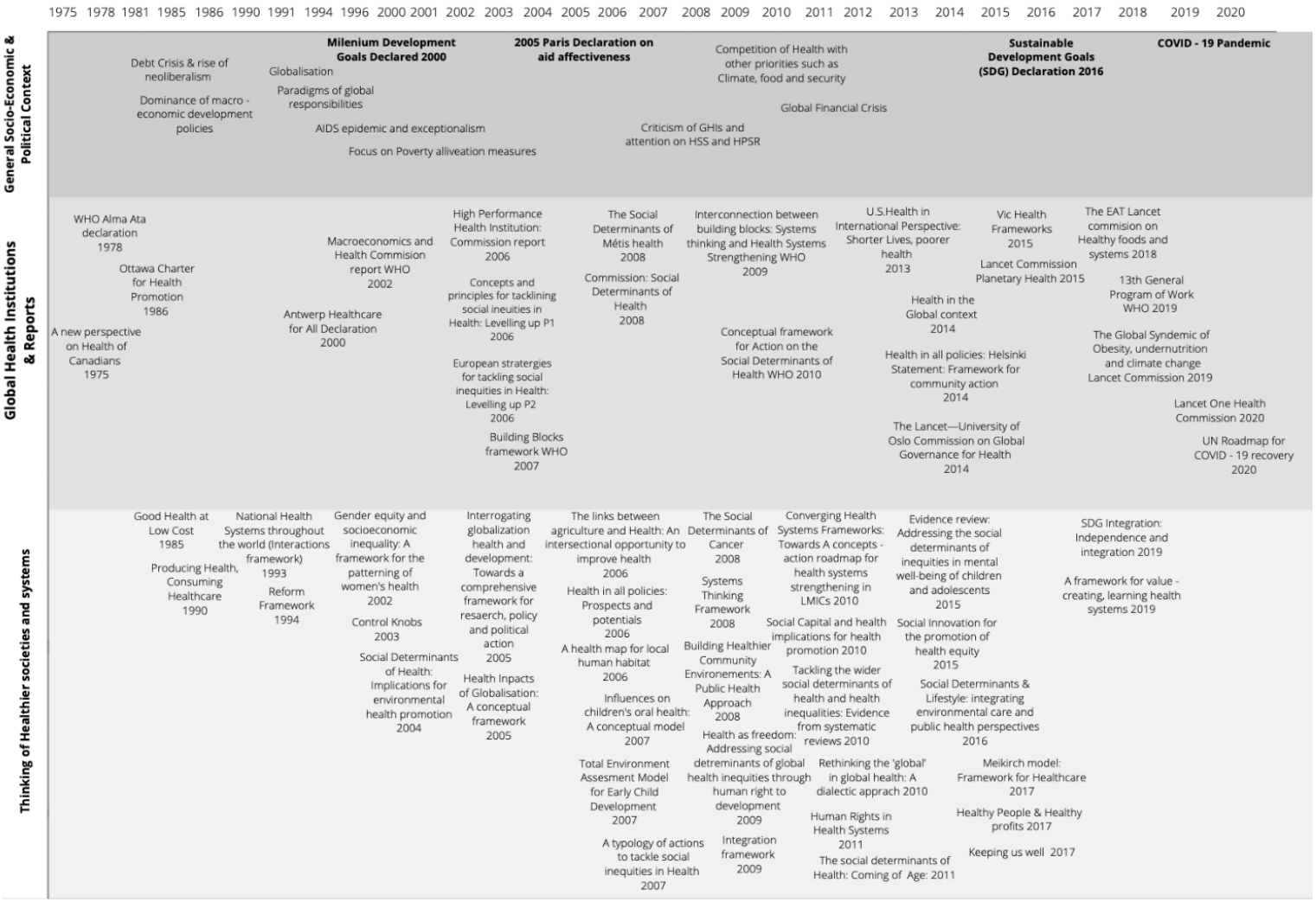

Fig 2: Initial draft timeline visualizing the development and evolution of health systems and healthier societies thinking and illustrative publications, against various health policy contexts and time periods

A 3.6 - Periodization

Documents were also reviewed in terms of content over time. These were compared across the types of documents, the nature of their content and purpose and created a rough periodization of the type(s) of literature in this domain area from the 1970s to present.

A.4 - Steps ahead and key learnings

This project involved conducting a preliminary mapping of research in the field of 'healthier societies' that could aid in assessing and guiding the potential and further development of the concept. The research scope is pursuant with the goal of developing and implementing better health policies to ultimately influence and improve population health and equity. I am currently involved with this currently ongoing work at the institute with senior researchers and colleagues from across India, the UK and Australia. Following the preliminary scoping exercise, I was able to appreciate scoping review as an approach to evidence synthesis, its utility in providing an overview of available research evidence for assessing information prior to conducting a systematic review and in answering broad question(s), such as, in this case "What research/frameworks have been presented on the topic of healthier societies in literature since 1975?". Though my involvement in the project, I was able to gain insight into the various stages of data extraction, define analytical variables and identify datapoints for extraction though a collaborative, peer review process to provide consistency in the review process, whilst reducing bias and improving reliability. I recognize the importance of data not only in shaping public health research but also, in shaping public health issues on a broader level

B. India Health Systems and Policy Research Fellowship

B1. - Background

Health policy and systems research (HPSR) is a new discipline within public health research that studies a system as a whole and accrues evidence that has potential policy implications. While traditional public health research is usually limited to a particular method (quantitative or qualitative) and focused to a specific health problem (a disease control program or a health service performance); an HPSR approach looks at the health problem from a systems perspective. HPSR research question(s) go beyond the immediate health problem, to identify other building blocks that contribute to this problem. The approach leverages systems thinking and complexity to deeply understand the underlying reasons for health problems. So, at the end of the research, evidence is generated about the extent of the health problem, as well as why it is occurring, for whom it is occurring and what intervention can be introduced to tackle the problem (Hanson et al., 2019). This is especially useful for the policy landscape as it focusses more in the "why" and "how" questions rather than in the "what" question.

Predominantly, the current research being conducted in India is focused on biomedical research with an emphasis on diseases and disease control programs. There is a dearth of studies conducted with a systems perspective that explore health system problems in depth and capture contextual issues of importance in the Indian health system (Sheikh et al., 2014). This has implications on India's health policy landscape as biomedical research only provides policy makers with information about 'what' is happening but does not inform them on what to. The latter of the questions fall within the purview of HPSR, for it answers the questions – 'why is the problem occurring and how can it be alleviated?' Thus, HPSR is an important resource to inform policy makers. A dearth of such studies could be one of several reasons why India continues to struggle with 'opinion-based policy making' rather than 'evidence-based policy

making'. In the Sustainable Development Goals (SDGs) era, there is renewed emphasis on strengthening health systems and leaving no one behind with a critical role to be played by HPSR (World Health Organization, 2017). Moreover, there is little opportunity for researchers to acquire HPSR skills across India since there are no existing courses specifically for HPSR.

Following several ongoing as well as un-sustained efforts to build a fellowship/community of practice around health policy and systems research, a consortium model was attempted under the leadership of the Health Systems Transformation Platform (HSTP), to increase capacity for HPSR, creating a community of practice and influencing health decision-making. The program was developed with the expertise of national and international HPSR practitioners and faculty across the George Institute for Global Health, Institute of Public Health (IPH), Bangalore, The University of Melbourne, Institute of Tropical Medicine, Antwerp, The Health Systems Transformation Platform and The WHO Alliance for Health Policy and Systems Research.

B2. - Aim

The Fellowship program aims to build the capacity of mid-career public health researchers in HPSR across India through a blended training program and by building a community of practice for peer support and engagement to foster leadership in the field capable of influencing health policy and systems across India.

B3. – Theory of Change

HSTP acknowledged that strengthening health systems required a system thinking lens and the involvement of multidisciplinary expertise, thus, it co-developed the program design and curriculum in partnership with IPH Bengaluru and consultative process involving several Indian & global HPSR practitioners.

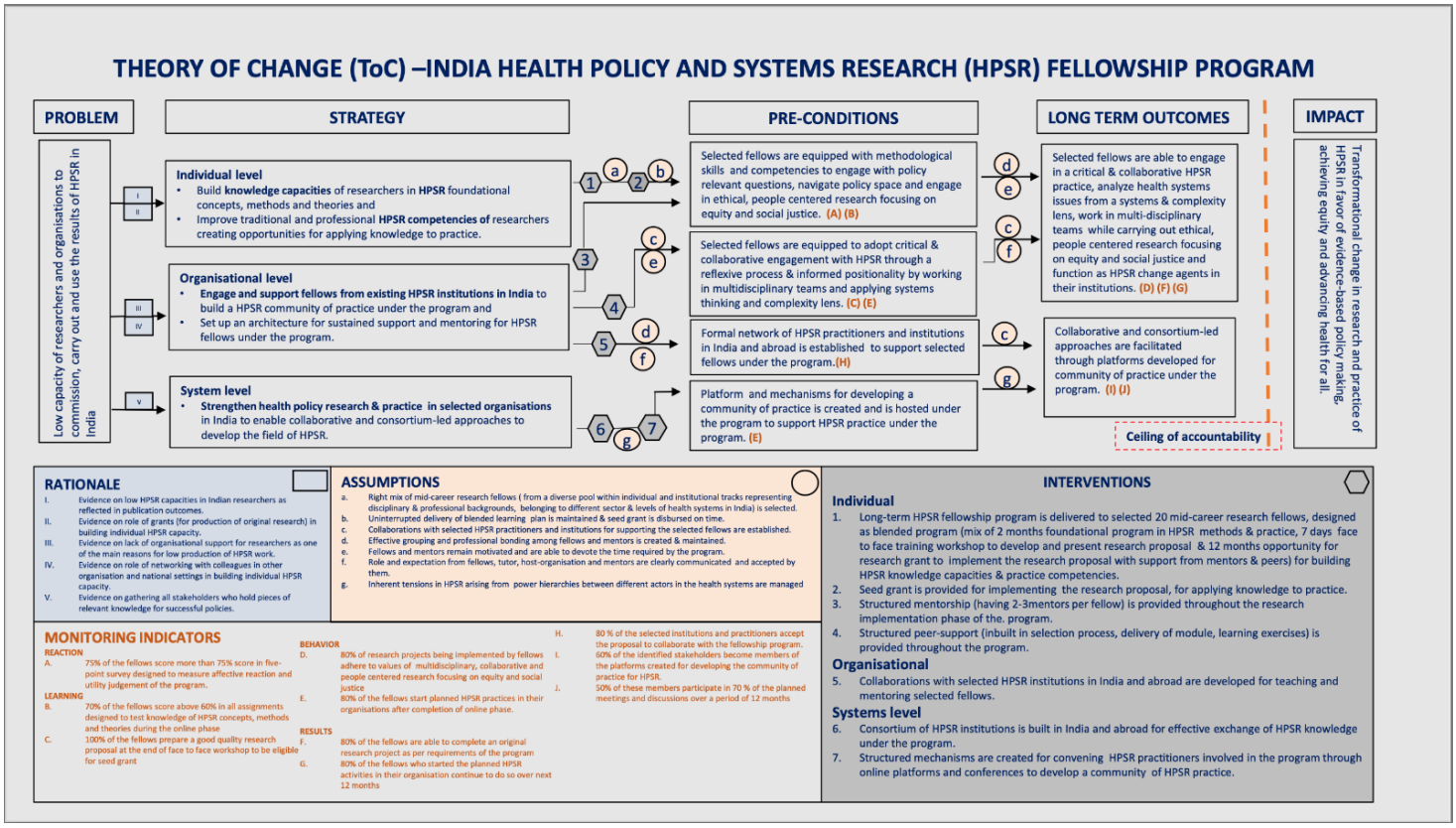

Fig 3: Theory of change diagram of the HPSR fellowship program (*About*, n.d.)

B3.1. - Fellowship Content and Structure

The content within the fellowship includes an overview of Health Systems and its analysis, and overview of health policy and analysis, characteristics of HBSR, framing Health systems research questions, matching the HPSR research questions with appropriate research designs, a brief overview of different database or methods, writing a HPSR proposal, conducting HPSR research, policy and public engagement and research communication. The fellowship program is envisaged for 18 months and is divided into three distinct phases:

Phase 1: Online engagement (4 months)

- Consists of an examination of research questions using a health systems, complexity and equity lens and policy analysis
- Involves application of different research methods to answer research questions
- Emphasis on developing and managing a research proposal and creating a plan to impact policy and practice

Phase 2: Face to face workshop (1 week)

- Deepen understanding of HPSR, Policy analysis and utilization of appropriate design and methods for developing and submitting final HPSR proposal

Phase 3: Mentoring (1 Year)

- Mentoring for conducting and execution of a HPSR research project

Fig 4: HPSR fellowship structure (*About*, n.d.)

B.4. – Project engagement and contribution to the fellowship

As part of this project's engagements, I anchored the George Institute's contributions to the HSTP's course across the modules of Health Policy and Systems Research Methodology including (but not restricted to) – Epidemiology, Economic Assessments, Evidence Synthesis, Theory Driven evaluations, Realist Evaluations and Program Evaluations. A workplan for the institutes to ensure congruency across the various teaching materials, asynchronous lectures and literature to HSTP was prepared. Through this component of my role, I prepared a list of experts for contributing to the courses under specific headings across several national and international institutes and liaised internally (at TGI) and externally with HSTP other partners including (but not restricted to): Indian Public Health Institute, Bangalore, Nossal Institute, Australia and the Institute of Tropical Medicine, Antwerp. Additionally, I assisted the faculty of the modules in collating resources related to TGI's course offerings, preparing course content, and aiding in the logistics of recorded course content in coordination with communications and other relevant teams at TGI.

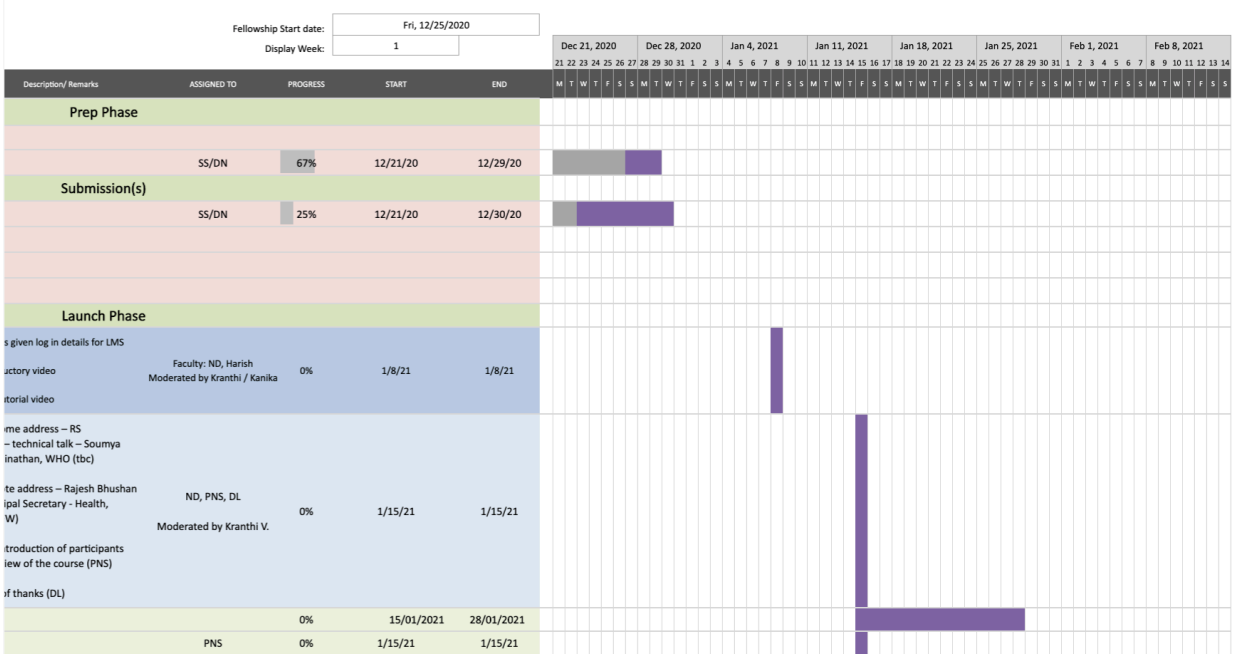

Fig 5: Snapshot of the HPSR fellowship course calendar

B.5 - Steps ahead and key learnings

On 15th January 2021, India HPSR Fellowship programme was inaugurated (virtually and live streamed). The expected outcome of the first iteration of the fellowship is to foster a community of practice of HPSR researchers from across India.

By being involved with the development of the fellowship, I was able to appreciate the process of module and course development. I was able to gain deeper insight into collating key resources and formulating an outreach/engagement strategy across a wide range of national and international expertise in the sphere of health policy and systems research. By formulating communications plans through inputs from a wide range of stakeholders, interacting and collaborating with professionals from diverse disciplines within public health, I was able to build upon my communication and cultural competencies

References

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